

County: Chippewa
 LAKESIDE NURSING & REHABILITATION
 7490 156TH STREET

Facility ID: 2140

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CHIPPEWA FALLS 54729 Phone: (715) 723-9341
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 320
 Total Licensed Bed Capacity (12/31/01): 336
 Number of Residents on 12/31/01: 318

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 314

Corporation
 Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.3
Supp. Home Care-Personal Care	No					1 - 4 Years		36.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	14.5	More Than 4 Years		30.2
Day Services	Yes	Mental Illness (Org./Psy)	13.5	65 - 74	17.0			-----
Respite Care	Yes	Mental Illness (Other)	5.7	75 - 84	30.8			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	32.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.3		100.0	(12/31/01)		
Other Meals	Yes	Cardiovascular	6.6	65 & Over	85.5	-----		
Transportation	Yes	Cerebrovascular	2.5		-----	RNs		9.6
Referral Service	Yes	Diabetes	0.9	Sex	%	LPNs		7.2
Other Services	No	Respiratory	6.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	57.9	Male	38.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	61.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care							
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	6	15.8	175	19	8.6	119	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	25	7.9
Skilled Care	32	84.2	175	183	83.2	102	4	100.0	188	53	100.0	127	0	0.0	0	3	100.0	350	275	86.5
Intermediate	---	---	---	10	4.5	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	3.1
Limited Care	---	---	---	2	0.9	73	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	0.6
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	6	2.7	350	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	1.9
Total	38	100.0		220	100.0		4	100.0		53	100.0		0	0.0		3	100.0		318	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	3.1	62.9	34.0	318
Other Nursing Homes	4.7	Dressing	17.9	59.4	22.6	318
Acute Care Hospitals	90.2	Transferring	34.6	49.4	16.0	318
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	28.6	45.6	25.8	318
Rehabilitation Hospitals	1.1	Eating	47.2	39.3	13.5	318
Other Locations	0.9	*****				
Total Number of Admissions	468	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	6.6		Receiving Respiratory Care	17.9
Private Home/No Home Health	50.5	Occ/Freq. Incontinent of Bladder	36.5		Receiving Tracheostomy Care	4.7
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	28.0		Receiving Suctioning	5.0
Other Nursing Homes	9.9				Receiving Ostomy Care	1.3
Acute Care Hospitals	11.8	Mobility			Receiving Tube Feeding	3.8
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	13.2		Receiving Mechanically Altered Diets	7.5
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	27.8	With Pressure Sores	6.0		Have Advance Directives	67.3
Total Number of Discharges		With Rashes	2.8		Medications	
(Including Deaths)	467				Receiving Psychoactive Drugs	61.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Proprietary Ratio	Bed Size: 200+ Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.0	82.7	1.12	84.7	1.10	84.3	1.10	84.6	1.10
Current Residents from In-County	54.4	82.1	0.66	82.2	0.66	82.7	0.66	77.0	0.71
Admissions from In-County, Still Residing	7.9	18.6	0.42	22.3	0.35	21.6	0.37	20.8	0.38
Admissions/Average Daily Census	149.0	178.7	0.83	89.0	1.67	137.9	1.08	128.9	1.16
Discharges/Average Daily Census	148.7	179.9	0.83	93.1	1.60	139.0	1.07	130.0	1.14
Discharges To Private Residence/Average Daily Census	75.2	76.7	0.98	37.0	2.03	55.2	1.36	52.8	1.42
Residents Receiving Skilled Care	94.3	93.6	1.01	89.9	1.05	91.8	1.03	85.3	1.11
Residents Aged 65 and Older	85.5	93.4	0.92	87.3	0.98	92.5	0.93	87.5	0.98
Title 19 (Medicaid) Funded Residents	69.2	63.4	1.09	73.2	0.95	64.3	1.08	68.7	1.01
Private Pay Funded Residents	16.7	23.0	0.72	19.8	0.84	25.6	0.65	22.0	0.76
Developmentally Disabled Residents	0.0	0.7	0.00	2.4	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	19.2	30.1	0.64	42.5	0.45	37.4	0.51	33.8	0.57
General Medical Service Residents	57.9	23.3	2.48	25.0	2.32	21.2	2.73	19.4	2.98
Impaired ADL (Mean)	48.2	48.6	0.99	51.7	0.93	49.6	0.97	49.3	0.98
Psychological Problems	61.6	50.3	1.23	59.8	1.03	54.1	1.14	51.9	1.19
Nursing Care Required (Mean)	6.1	6.2	0.99	7.3	0.83	6.5	0.94	7.3	0.84